



# LTC DISCLOSURE FORM DATA

## 1. INSTITUTIONAL CARE

### WHAT LEVELS OF CARE ARE COVERED BY THE POLICY?

Does the policy provide benefits for these levels of care?

Skilled Nursing Care? ..... \_\_\_\_\_

Intermediate Nursing Care? ..... \_\_\_\_\_

Custodial/Personal Care? ..... \_\_\_\_\_

*(By State law, all long-term care policies in Washington State must cover all three of the above levels of care.)*

### WHERE CAN CARE BE RECEIVED AND BE COVERED UNDER THE POLICY?

Does the policy pay for care in any licensed facility?

If no, define the restrictions on where care can be obtained: \_\_\_\_\_

Is the alternative plan of care benefit available with institutional part of policy?

Does the alternative plan of care benefit include home care?

Does the alternative plan of care benefit include structural home improvements?

YES

NO

YES

NO

\_\_\_\_\_ *If yes, see section 2.*

\_\_\_\_\_ *If yes, see section 2.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. HOME /COMMUNITY BASED CARE

FORM NO. \_\_\_\_\_

### WHAT TYPES OF CARE ARE COVERED BY THE POLICY?

Does the policy provide home care benefits for:

adult day care ..... \_\_\_\_\_

adult day health care ..... \_\_\_\_\_

chore services ..... \_\_\_\_\_

home health aides ..... \_\_\_\_\_

homemaker services ..... \_\_\_\_\_

hospice ..... \_\_\_\_\_

hygiene/personal care ..... \_\_\_\_\_

laboratory services ..... \_\_\_\_\_

meals/nutrition services ..... \_\_\_\_\_

medical equipment/supplies ..... \_\_\_\_\_

prescription drugs ..... \_\_\_\_\_

physician/nursing services ..... \_\_\_\_\_

respite care ..... \_\_\_\_\_

social workers ..... \_\_\_\_\_

therapies (list) ..... \_\_\_\_\_

transportation ..... \_\_\_\_\_

other: \_\_\_\_\_

other: \_\_\_\_\_

other: \_\_\_\_\_

YES

NO

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Are these separate or post-confinement benefits?

separate ☐

post-confinement ☐

## HOME / COMMUNITY - BASED CARE CONT'D

FILL IN DATE/AMOUNT/DEFINITION  
OR CHECK IF:

### WHERE CAN HOME/COMMUNITY-BASED CARE BE RECEIVED?

YES

NO

*check all that apply*

adult day care centers .....

alternative care facilities .....

assisted living facilities .....

boarding homes .....

community centers .....

congregate care facilities .....

multiple family residences .....

single family residences .....

other: .....

other: .....

other: .....

Does the alternative plan of care benefit include home care? .....

Does the alternative plan of care benefit include structural improvements? .....

Must the alternative plan of care be PRE-CERTIFIED? .....

If yes, by whom? .....

## THE REMAINING QUESTIONS RELATE TO BOTH INSTITUTIONAL AND COMMUNITY-BASED CARE.

### WHAT ARE THE LIMITS OF THIS POLICY?

What is the maximum daily benefit amount for:

institutional/nursing home care? .....

home/community based care? .....

Are there limits on the number of days (or visits) per year for which benefits will be paid for:

institutional/nursing home care? .....

home/community based care? .....

What are the dollar limits the policy will pay during the policyholder's lifetime for:

institutional/nursing home care? .....

home/community based care? .....

total lifetime limit? .....

### WHAT BASIC FEATURES AND BENEFITS DOES THE POLICY OFFER?

Is the policy guaranteed renewable? .....

Can you purchase additional increments of coverage? If yes: .....

when can additional coverage be purchased? .....

how much can be purchased? .....

when is additional coverage no longer available for purchase? .....

Does the policy have inflation protection? .....

If yes, what is the % amount of the increase? .....

Is the rate of increase simple or compound? .....

When do increases stop? .....

(BASIC FEATURES AND BENEFITS CONTINUED)

	FILL IN DATE/AMOUNT/DEFINITION OR CHECK IF:	
	YES	NO
If policy includes inflation coverage, what is the daily benefit for:		
institutional/nursing home care...		
5 years from policy effective date? .....	_____	_____
10 years from policy effective date? .....	_____	_____
home/community based care...		
5 years from policy effective date? .....	_____	_____
10 years from policy effective date? .....	_____	_____
After the limits have been reached for inflation adjustments, what is the maximum daily benefit for:		
institutional/nursing home care .....	_____	_____
home/community based care .....	_____	_____
After the limits have been reached for inflation adjustments, what is the maximum lifetime benefit for:		
institutional/nursing home care .....	_____	_____
home/community based care .....	_____	_____
Is there a waiver of premium provision for:		
institutional/nursing home care? .....	_____	_____
home/community based care? .....	_____	_____
How many days of confinement in an institution are required before the waiver of premium benefit is available? .....	_____	_____
How many days of confinement AT HOME are required before the waiver of premium benefit is available? .....	_____	_____
How many days of benefits must be paid before waiver is effective? .....	_____	_____
Does the policy have a nonforfeiture benefit? .....	_____	_____
If yes, how many years must policy be in effect before the insured benefits from nonforfeiture values? .....	_____	_____
What would the benefit value be in terms of dollars after 20 years? .....	_____	_____
What does the nonforfeiture benefit promise? .....	_____	_____
(give an appropriate example showing dollars and time limits) ...		
_____		
_____		
Does the policy have a death benefit? .....	_____	_____
If yes, specify value (in dollars or %) .....	_____	_____
What conditions or limitations apply, if any? .....	_____	_____
_____		
_____		
Does the policy have a restoration of benefits provision? .....	_____	_____
If yes, give amount of benefit and minimum required # days between benefits .....	_____	_____

**(BASIC FEATURES AND BENEFITS CONTINUED)**

**FILL IN DATE/AMOUNT/DEFINITION  
OR CHECK IF:**

**YES**

**NO**

If disability recurs, is there a **NEW elimination or waiting period**

before benefits begin again? . . . . . \_\_\_\_\_

If yes, after how long? . . . . . \_\_\_\_\_

How long is the waiting period for **pre-existing conditions**? . . . . . \_\_\_\_\_

How is the pre-existing condition defined? . . . . . \_\_\_\_\_

**WHEN DO BENEFITS BEGIN?**

How long is the **elimination or waiting period** before benefits begin for:

institutional/nursing home care? . . . . . \_\_\_\_\_

home/community based care? . . . . . \_\_\_\_\_

What **gatekeepers** are required before **benefits** start?

Doctor certification . . . . . \_\_\_\_\_

Case management . . . . . \_\_\_\_\_

If yes, by whom? . . . . . \_\_\_\_\_

Medical necessity . . . . . \_\_\_\_\_

Plan of treatment . . . . . \_\_\_\_\_

If yes, by whom? . . . . . \_\_\_\_\_

inability to perform **activities of daily living** (ADLs) . . . . . \_\_\_\_\_

If yes: how many ADLS must fail before benefits begin? . . . . . \_\_\_\_\_

If the policy uses an ADL gatekeeper(s), DEFINE "inability to perform ADL": . . . . . \_\_\_\_\_

Is there a separate benefit qualification requirement if there is a cognitive impairment? . . . . . \_\_\_\_\_

Who determines a qualifying event?  
. . . . . \_\_\_\_\_

DEFINE any separate benefit qualification requirement if there is a cognitive impairment:  
. . . . . \_\_\_\_\_

**WHAT DOES THE POLICY COST?**

**How often can the premium increase?** . . . . . \_\_\_\_\_

By how much annually can the premium increase? . . . . . \_\_\_\_\_

Is there a discount if both spouses buy policies? . . . . . \_\_\_\_\_

If so, how much? . . . . . \_\_\_\_\_

Do you lose the discount if one spouse dies? . . . . . \_\_\_\_\_